

# Analysis of Absenteeism in Industry

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ABSENCE FROM WORK among the employed population is a subject of increasing concern in medical, management, labor and government circles and in various community organizations. Numerous and energetic attempts are being made to discover and understand the causes of excessive cost of sick pay benefits, and to apply effective methods of control and remedies. Over the years, an appreciable body of literature has been developed in the United States dealing with medical, economic and sociological aspects of this problem. Each such contribution, while helping to explain the nature of segments of the problem has, at the same time, led to some confusion through presenting differing definitions, measurements and attitudes toward absence.

Those interested and responsible for control of absenteeism in industry must take an objective attitude toward the problem. It will be difficult to obtain satisfactory results by approaching the problem with irritation, prejudice or anger.

## Management Opinions

There is a wide divergence of opinion among management men as to the nature and extent of the problem. Asked to give what they consider to be the most common causes of absenteeism and tardiness, 98 executives listed the following causes. Since most of them marked several reasons, the total percentages take into consideration all responses:

Sickness (Real) .....	80 per cent
Sickness (Imagined) .....	70 per cent
Home Problems .....	65 per cent
"Don't Care" Attitude.....	35 per cent
Poor Supervision .....	28 per cent
Transportation .....	20 per cent
Accidents .....	12 per cent
Drinking .....	8 per cent
Weather Conditions .....	6 per cent
Personal Business .....	6 per cent

## Truancy as a Factor

While truancy can be considered a factor in absenteeism, it must be treated as a symptom of human behavior. It would be interesting to know the number of persons who were truant from school and later were truants in work situations. Such a study might help us to prevent industrial truancy by find-

• There are many nonmedical factors that contribute to employee absenteeism in industry. An employee's total life situation or total environment may be a causative factor in excessive "sick absenteeism." In many instances the cure for "abnormal" sickness absenteeism is within the province of supervisory personnel, who should look upon abuse of sick leave benefits among employees as morale problems and as evidence of possible maladjustment to the demands of the job or the industry. There are, however, many problems in mental and physical health affecting absence rates in which preventive psychiatry and medicine can make greater contributions. Even truancy and malingering may sometimes be conditions requiring professional medical care.

The role of a private physician in determining and certifying the true state of a patient's health is a most important one economically to industry and the community. The total problem of absenteeism for sickness, as it exists in industry today, points up the need for the most effective cooperation and communication possible between industrial and private physicians. Since no more than 25 per cent of the total work force is employed in industries having in-plant medical programs, the burden of responsibility for the control of absenteeism for sickness rests mainly with private practitioners.

ing common individual and environmental problems in the industrial and school situations. In this connection, Chart 1 shows the number of one-day absences in March, 1958, distributed by days of the week, in an industry employing close to 6,500 employees. This shows more absences Mondays and Fridays than in the middle of the week. A larger sample than one month's absences is necessary for significant conclusions, but analyses of this type can be important in finding hidden costs of absenteeism due to alcoholism.

## The Effect of Shift Work

Some physicians and laymen are of the opinion that ill health is more frequent among workers on night shifts than it is among day workers, particularly in the form of nervous diseases and gastric disorders, including gastric and duodenal ulcers. It is also maintained by many observers that heart disease, particularly coronary occlusion and angina pectoris, is more frequent among shift workers than among day workers.

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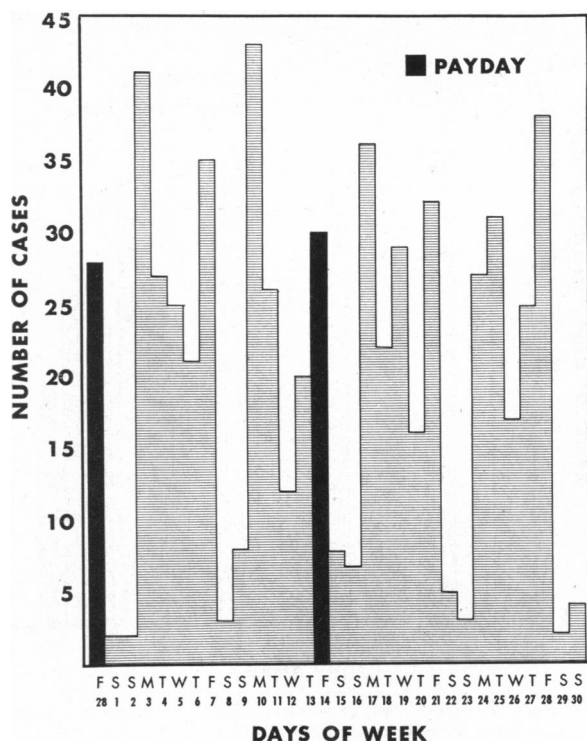


Chart 1.—Frequency of one-day absences in one month (March, 1958) in an industry having about 6,500 employees.

Exhaustive studies were carried out in Sweden both with regard to the current practice of shift rotation and with regard to finding out what is the most desirable practice. The results showed that the absenteeism of the day workers was greater than that of shift workers. The difference averaged about 1 per cent—that is, one working day per hundred working days. This difference was not a chance one, as the observations were carried out over a long period, the investigation material was considerable and the result was the same year after year. The conclusion was that general ill health was no more frequent among shift workers than it was among the day workers.

Age is another factor of the problem; absence for illness was nearly three times as great in the 60-and-over age group as in the 20 to 38 age group.

The author attempted to study samples of one and two-day absences among employees of an oil refinery for the first six months of 1953. The highest incidence of these absences was in the lower age groups, more particularly between the ages 31 and 35. At the age of 40 there was a sharp decrease in these short-term absences. It appeared that the largest number of one and two-day absences was in the younger employees with less service; also in the group between the ages of 20 and 35 there was a significant number of one and two-day absences

following days off. These short-term absences represent an important factor in cost for sick leave.

The author looked at the problem recently from the standpoint of job classification. Data on the previously mentioned refinery showed, generally, that administrative and supervisory and professional and technical employees have a relatively low incidence rate (cases per employee .53 and .80, respectively, for male employees), while clerical employees and skilled employees have incidence rates of 1.85 and 1.82, respectively, as compared with the aggregate of 1.62 for the total male population. Unskilled employees (usually younger), however, had a short absence incidence rate of 2.78—appreciably higher than the population total.

Administrative and supervisory employees (usually older), on the other hand, had the highest severity rate (5.77 days per absence), while the remaining classes had average absences ranging from 2.92 days to 3.29 days. The highest rate of total days lost per employee was in the unskilled classification; male employees in that category lost an average of 9.16 days last year. This compared with only 3.05 days for administrative, 2.34 for professional, 5.74 for clerical and 5.79 days for skilled employees.

The problem of repeated short-term absenteeism must be distinguished from long-term absenteeism, since the latter practically always is due to illness, while the former can be mainly a symptom of human behavior (see Charts 2 and 3). This symptom usually is related to problems of the employee on and off the job and these problems frequently are not strictly medical. In the younger age group, most repeated short-term illnesses, especially the one-day absences, become problems of audit primarily for supervisors and foremen and secondarily problems of medical evaluation.

#### Employment of Older Persons

Now that more elderly people are being employed, it will be to industry's advantage to secure more information and data concerning the physical and mental health of older persons, as a means of reducing long-term absenteeism of this group.

#### Absentee Proneness Variations Due to Organic and Psychosomatic Factors

All physicians are familiar with certain physical disabilities that might affect an employee's attendance and performance on a job. Some people are more susceptible to certain psychosomatic diseases and are more prone to sick absenteeism than others—their pain and stress thresholds are lower than for the average. Investigations definitely indicate that where a person is prone to stress and nervousness he is also, as a rule, prone to digestive troubles and sick absenteeism.

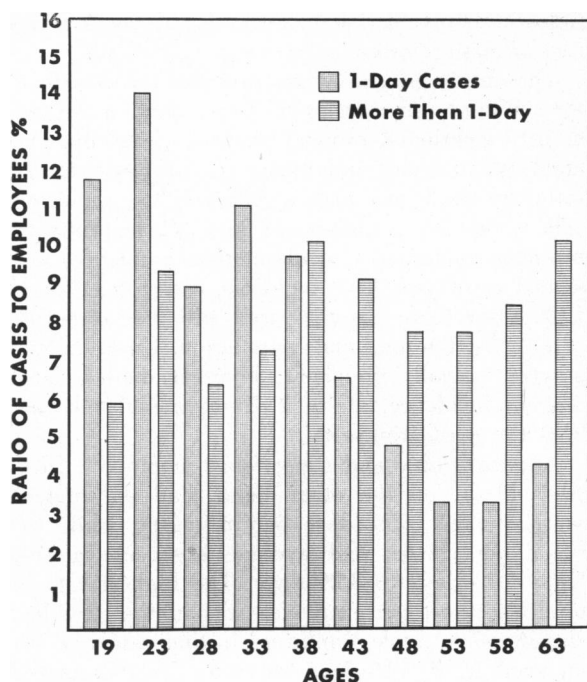


Chart 2.—Data on one-day absences compared with longer term absences in a one-month period among male employees of a company having about 6,500 employees.

Many people because of sensitive nervous systems and "fragile" ears cannot stand the noises of clattering machinery. This aversion to noise may be increased in men who have been subjected to severe bombing and artillery fire during military service. Such persons build up tension over a period of time while working, and periodically must take time off from work because of fatigue.

#### The Effects of Epidemic or Endemic Respiratory Diseases

The outbreaks of "Asian influenza" in 1957 and the production of large amounts of vaccine with which to stifle any threatened epidemic of this disease, aroused great public interest. Many industries, fearing a dislocation of their operations if any appreciable proportion of their employees is disabled at any one time, are still discussing whether or not they should endorse, or participate in, mass inoculations with influenza vaccine. Unusual public interest in the epidemic of 1957 focused attention on industry's public health responsibilities in the realm of prevention of communicable disease generally.

The total impact of the epidemic turned out to be relatively mild. As measured by excess mortality, it was only slightly more severe than the 1953 epidemic of influenza A prime, and was considerably less severe than the 1943 epidemic of type A influenza.

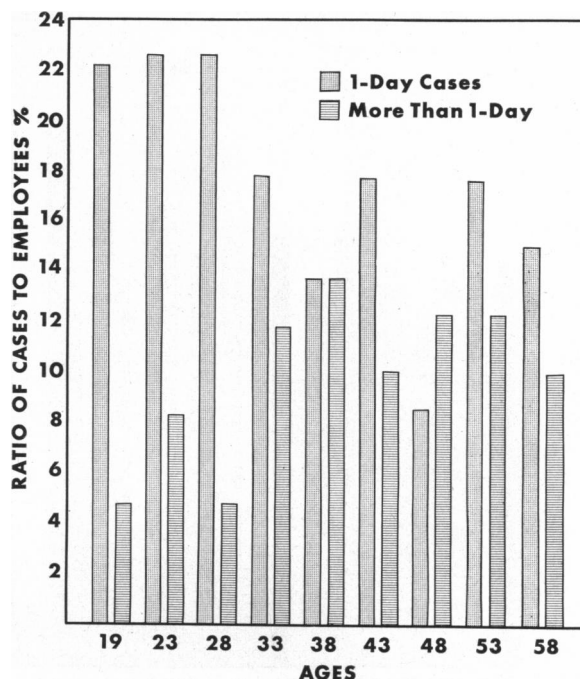


Chart 3.—Data on one-day absences compared with longer term absences in a one-month period among female employees of a company having about 6,500 employees.

As measured by morbidity, the epidemic was extensive. Essentially the whole country was affected. Absenteeism seemed to be highest in school children. Many industries felt the impact, but there were few reports of community disruption or serious interference with productivity or essential services.

The new respiratory viruses surely deserve some mention in any discussion of absenteeism and the epidemiological aspects of respiratory disease. Ten years ago the influenza viruses and psittacosis were virtually the only known respiratory viruses, but now, thanks to the tissue culture methods, a profusion of adenoviruses, Coxsackie viruses and various myxoviruses and hemagglutinating agents have been associated with respiratory infections.

Many other viruses have been described and related to human infection through the demonstration of specific antibody responses, and to a less definite extent they have been related to human disease.

Although all the principles for the recognition, isolation and prevention of virus infection have been established, the extent and nature of the causes of the majority of mild respiratory illnesses causing industrial sick absenteeism must still be sought.

#### Environmental Factors On and Off the Job (Psychologic)

Excessive worry because of difficulties on the job, in the home or in the community, or because of personal conflicts with supervisory personnel or

other workers, frequently results in absences from work. The anxieties and worries of employees cannot be ignored by supervisors. It is important for supervision to have a working understanding of human behavior. In this connection, a recent study revealed that more men in blue-collar work groups with low absence rates than with high absence rates reported that their foreman usually or always had enough time to see them when they wanted to talk about something personal.

Employee dissatisfaction is a question of attitude and can affect absence rates. Usually this dissatisfaction is limited to the employee concerned. However, it may affect one individual, become contagious, and pervade a whole group. We then have an industrial unrest with poor morale, and increased labor cost may be directly proportional to the morale of the employees.

In a recent study of a group having the highest absence rate, only one-fifth of the men were "very satisfied" with the company and their jobs as a whole. Half or more of the men in the other absence groups were very satisfied.

Even though employees get their checks from their company, the individual supervisor or foreman often represents the company to most employees. Supervision and management must recognize certain emotional hazards that destroy morale and efficiency and may cause discontent not only in individuals but in groups of employees, and conceivably could come to general grievance against the employer.

#### **Specific Emotional Hazards of Employment**

What are some of these emotional hazards in employment? They can be classified briefly as insecurity, anxiety, worry, fear and discontent. An employee who feels that he is not wanted develops a sense of insecurity. This insecurity can only be overcome by making him feel that he means something to the office and the company and is not just a "wage plug." Studies reveal that more men in the lower-absence groups feel that they are a real part of their group and are included in all its activities. In groups with low absence rates, more men feel that their group has team spirit and is better than other groups in getting the job done.

Work attendance is also related to how much a person likes his work. There was a time when to all good craftsmen and artisans the pride of accomplishment was the dessert of the feast. Getting paid enabled them to buy the bread. In the evolution of industrial processes, this has all changed. Today the master is separated from the servant and the servant, more and more, from the product of his toil.

More men in low-absence groups feel that the company recognizes good work the employees do

(94 per cent in the low absence-rate group as compared to 54 per cent in the high absence-rate group).

#### **The Problem of Alcoholism**

Reliable, up-to-date information about alcohol and "problem drinkers" was presented in a recent report of the National Industrial Conference Board, Incorporated. Attention was focused on how excessive drinking creates and aggravates different company problems. It was found that problem drinkers miss work about twice as often as other workers, and report late for work more frequently.

Attendance figures for 16 alcoholic workers in a plant near Boston were studied. The men lost a total of 4,368 hours of work during one year, or an average of almost three 8-hour days per month each. These figures show the loss of time for alcoholism alone, and do not include time lost for ancillary complaints. Also, they show only a one-year experience after the men had been identified as alcoholics and treatment had been instituted. It is estimated that these men had been problem drinkers for at least five years before the time of the study.

#### **Possible Solutions**

Efforts on the part of supervisory personnel to reduce short-term absenteeism must embrace not only conditions on the job, but in the workers' environment away from the job. Satisfactory results are not to be obtained by slapping workers on the back, coddling them or being overindulgent. However, more time can be spent with chronic short-term absentees in pointing out the importance of their particular task in the unit to which they are assigned and questioning the employee with regard to his emotional reaction to the job and his home environment. Another approach for supervision is to give appreciation and credit to the employees who are regular in attendance.

Perhaps the most effective check on abnormal absences from work is a constructive attitude on the part of the employee's immediate supervisor. If he seeks and finds patterns to absenteeism he will be getting closer to the real causes. It might be absence on days when the employee knows a certain type of work is coming up that he doesn't like to do. It might be Monday for the drinker, or special shopping sales days for the women employees, or time off to attend funeral services of friends or relatives. If the supervisor can find the *real* reason by studying the employee's record over a period of time, he can better determine the remedy.

#### **The Positive Approach**

It is generally agreed that a positive approach to solving the problem is more effective than a negative

approach. Appeals to the employee's sense of fair play, his importance to the work group as a whole, chances for advancement and more money, are felt to have more real effect on the worker than threats of discipline and punishment.

This does not exclude, however, the very vital part good record keeping and adequate supervision play in holding the rate down: For instance, I-T-E Circuit Breaker Company of Philadelphia has "reduced the absence rate from approximately 5 per cent to less than 3 per cent by use of record cards and annual reports."

The following are among the items suggested by the Committee on Medical Care for Industrial Workers of the American Medical Association for inclusion in sick absence records in individual or consolidated [group] records and reports. They do not preclude the addition of other items considered necessary by individual physicians or companies for other types of analyses:

1. Name or identifying number
2. Sex
3. Marital status
4. Department
5. Occupation
 

a. Managerial and supervisory	} Salaried
b. Clerical and sales	
c. Skilled	} Production (hourly)
d. Semi-skilled and unskilled	
6. Length of service with company
  - a. Less than 1 year
  - b. 1 to 4 years
  - c. 5 to 9 years
  - d. 10 to 14 years
  - e. 15 to 19 years
  - f. 20 to 24 years
  - g. 25 and over
7. Date of beginning of absence
8. Date of returning to work or other termination
9. Duration of absence in calendar days
10. Date of birth
11. Age group
  - a. Under 25
  - b. 25 to 34
  - c. 35 to 44
  - d. 45 to 54
  - e. 55 to 64
  - f. 65 and over
12. Diagnosis
13. Classification
  - a. Nonoccupational illness
  - b. Nonoccupational injury
  - c. Occupational illness
  - d. Occupational injury
14. Number of days of paid sick leave allowed

## 15. Calendar days of absence

- a. 1 day
- b. 2 days
- c. 3 days
- d. 4 to 7 days
- e. 8 to 14 days
- f. 15 to 28 days
- g. 29 to 49 days
- h. 50 to 91 days
- i. 92 to 182 days
- j. 183 days and over.

We mentioned earlier that repeated one or two-day absences are problems of audit primarily for supervisors and foremen, and, secondarily, problems of medical evaluation. However, supervision must be furnished effective statistical tools in order to carry out this type of control, as in the case of the Gillette Company, whose control system includes:

### A. Control by line supervision

### B. Use of reports:

1. A summary monthly absenteeism report is made up for the company president and operating department heads.
2. Charts are prepared and distributed to department foremen showing absenteeism, tardiness and "early quits" by department. Also shows male and female employee comparisons.
3. Quarterly reports listing employees and number of occasions absent are sent to each department head.

### Use of Visiting Nurses and Other Home Checks

Still used by over 60 per cent of industry is the system of visiting nurse service or of telephone and home checks on absence and tardiness cases. The job usually is a function of the personnel department, which checks on absentees each morning to see how they are and when they will be back. A personnel director of a New England sheet metal plant reported: "Home checks may be old as far as control techniques go, but we have found they are still one of the most effective tools for spotting absence violators. Care must be taken to avoid 'snooping,' and if the calls are made in a friendly, yet businesslike manner, employees appreciate the company's interest in their welfare." A medical department in industry must exercise a great deal of caution and propriety if it is brought into this type of activity.

It is important for industrial physicians, industrial nurses and physicians in private practice to understand and appreciate the patient's emotional fibre and personality in considering the symptoms, etiology and the treatment of illness. Such considera-

tion will shorten the period of convalescence and probably will eliminate some of the fancied illnesses as a cause of absenteeism. You may even prevent a worker from developing a gastric ulcer because of the attitude of a supervisor or a foreman.

#### **Role of Psychiatrist in Large Plants**

In industries with large employee plant populations (10,000 to 15,000 and over), a psychiatrist can increase his contribution toward remedying the problem by working with supervisory personnel as well as with individual workers. The greatest problem is how best to utilize our present knowledge of psychiatry and mental hygiene practically in a functional industrial program. It is at this point that psychiatrists and mental hygienists must retool their knowledge for industry in a practical fashion so that we may learn to recognize and learn how to handle and treat the disturbances of people within the industrial environment.

One industrial psychiatrist reported that in the presence of foremen he meets and has discussions with workers who have been absent. This has proven valuable in giving foremen a more comprehensive understanding of the worker, and in turn the worker understands that the foreman is the first source of contact when difficulty arises. The psychiatrist further suggests that workers voluntarily approach the foreman and ask for an opportunity to "talk with the Doc" again. Perhaps the best indication of the effectiveness of this method is the foreman's statement, "Got another one for us to talk with, Doc!"

#### **Key Role of Foremen and Supervisors**

Foremen are in a position to give real assistance in discovering and treating the symptoms of absenteeism. Supervisors who are easily available to the employees are in a better position to find out about their personal problems. They can give appreciation and credit to the men and women who are regular in attendance. They can take a personal interest in eliminating specific causes of absences or unreported absences. They can impress upon employees the importance of reporting necessary or unavoidable absences in advance. They can cooperate with the other departments and help correct misunderstandings or errors which may occur in connection with excused or authorized absences.

#### **Preventive Medicine and Respiratory Disease**

We are on the verge of a great revolution in our thinking about the etiology of respiratory diseases. The hope of control lies in the development of multiple antigen vaccines.

A study by Eastern Air Lines showed some serologic results obtained in a study employing Asian

influenza vaccine. They indicated antibody response varying in accordance with the amount of virus injected. The best responses were experienced following two injections. There were indications that the vaccine provided some protection, as judged by the reduction in absenteeism owing to respiratory illnesses.

Adenovirus immunization is not indicated in any but recruit camp populations. A vaccine containing type eight adenovirus might forestall large epidemics of keratoconjunctivitis such as have occurred in shipyard and other workers in the past.

As preventive measures against respiratory disease do become available through scientific research, industry is in a position to reach a considerable segment of the adult population.

To vaccinate or not to vaccinate—that is the question facing many company managements. The indecision of company managements stems from the many contingencies connected with mass group vaccinations, such as conflicting opinions of health authorities regarding the need.

The particular industry's decision on whether to do so will be governed by many factors which include costs, anticipated results, company policy and the potential threat of an epidemic. Perhaps one of the most important considerations will be the possible impact of the disease on the productive capacity of the industry and the significance of this to the welfare of the public which it serves.

#### **Long-Term Sickness**

So far this communication has dealt with the problems of short-term absenteeism in industry. The answer to the problems of long-term sick absenteeism lies in periodic health evaluation of employees, both young and old, under a preventive health maintenance program sponsored by management. Reliance must be placed on the earliest possible detection of incipient disease. The results of such a program are worth while, but must be evaluated on a long-term basis over a period of years.

#### **Important Role of Off-the-Job Safety Program**

The increasing number of long-term absences due to injury away from the job, is becoming a serious problem to most employers from the standpoint of time loss from the job (almost twice the severity rate of most illnesses), permanent disabilities among employees and costs in sick leave. These losses are frequently compounded by litigation in the courts. Many employers have begun to pay some attention to the problem by integrating preventive programs for off-the-job accidents with their regular industrial safety programs.

### The Small Plant Problem

The greatest number of men and women in the country are employed by small plants and corporations. Some of the ideas which have been suggested may be impractical or too costly for them to utilize. The alternative, for positive action, is for small plants in an area to pool resources and thereby secure the desired personnel to solve their particular problem on sick absenteeism.

### Responsibility of Physician in Private Practice

The private physician, by virtue of patient-physician relationship, is properly a champion and advocate of his patient's welfare. However, in cases of illnesses of his patients, he is frequently called on to certify their disability at a time when they have recovered and present no objective findings on which to validate the illness. In many situations the private physician must face one of several possibilities: an irate patient; loss of the patient's confidence; or unwittingly becoming a partner to some

unjustified claim of illness. In some cases the certification of personal illness by a private physician is expected by the patient upon the basis of economic rather than strictly medical factors.

Industrial physicians must look with equanimity upon matters concerning the certification of illness. They have found that in the majority of questionable cases, personal contact with the private physician explains and justifies many situations which are not justified on paper. I need not emphasize that "rubber stamp" certifications by private physicians are not only costly to the employer but are harmful to morale and make no contribution to the worker's mental health. There are some cases in which we must recognize "the adult version of the boyhood headache allowing baseball on Saturday but preventing church on Sunday." Close cooperation of private physicians and industrial physicians can help to maintain smooth patient relationships in these difficult situations and reduce cost of illness to employers and community welfare agencies.

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